

PUBLIC VOUCHER FOR PURCHASES **D**  
SERVICES OTHER THAN PERSONAL

D. O. Vou. No.

Bu. Vou. No.

2407

U. S. COST REIMBURSABLE

(Department, bureau, or establishment)

Voucher prepared at \_\_\_\_\_  
(Give place and date)

THE UNITED STATES, Dr.,

Payee's Account No. \_\_\_\_\_

To \_\_\_\_\_  
(Payee)

PAID BY  
*Encl* **A3**  
**DPD-2028-59**  
COPY 1 OF 2

No. and Date of Order	Date of Delivery or Service	ARTICLES OR SERVICES (Enter description, item number of contract or Federal supply schedule, and other information deemed necessary)  Discount Terms	QUANTITY	UNIT PRICE		AMOUNT	
				Cost	Per	Dollars	Cts.
		Costs				\$5,177.	49
Use continuation sheet(s) if necessary							

PAYMENT:

Complete ☐  
Partial ☐  
Final ☐

Shipped from \_\_\_\_\_ to \_\_\_\_\_ Weight \_\_\_\_\_ Government B/L No. \_\_\_\_\_ Total \$5,177.49

I certify that the above bill is correct and just and that payment has not been received.

(Sign original only)

(Payee must NOT use this space)

Differences \_\_\_\_\_

Amount verified; correct for  
(Signature or initials) *EE*

Date 3-16-59 \*Payee

(Certificate is made by payee on attached bill or bills)

Per \_\_\_\_\_

Contract No. \_\_\_\_\_ Date \_\_\_\_\_ Req. No. \_\_\_\_\_ Date \_\_\_\_\_ Invoice Rec'd. \_\_\_\_\_

Pursuant to authority vested in me, I certify that this account is correct and proper for payment.

† Approved for \$ \_\_\_\_\_

† \_\_\_\_\_  
(Authorized Certifying Officer)

By \_\_\_\_\_

SIGN  
ORIGINAL  
ONLY

Title \_\_\_\_\_

Title \_\_\_\_\_

Date \_\_\_\_\_

THE REVERSE OF THIS FORM MUST BE EXECUTED WHEN PURCHASES ARE MADE OR SERVICES SECURED WITHOUT WRITTEN AGREEMENT IN ANY FORM

ACCOUNTING CLASSIFICATION (Appropriation Symbol must be shown; other classification optional)

Paid by { Check No. \_\_\_\_\_ dated \_\_\_\_\_, 19\_\_\_\_, for \$ \_\_\_\_\_ (on Treasurer of the United States in favor of payee named above.)  
Cash, \$ \_\_\_\_\_, on \_\_\_\_\_, 19\_\_\_\_, Payee \_\_\_\_\_  
(Sign original only)

\* When a voucher is signed or recollated in the name of a company or corporation, the name of the person writing the company or corporation must be written in full, as in the following example: "John Doe Company, per John Smith, Secretary" or "Treasurer", as the case may be.  
† If the ability to certify and authority to approve are combined in one person, one signature only is necessary, otherwise the approving officer will sign on the line below "Approved for \$ \_\_\_\_\_", and over his official title.

Title \_\_\_\_\_

STATOTHR

THE RAMO WOULD BRIDGE CORPORATION  
FORM STL - 660

# ACCOUNTS PAYABLE WEEKLY DIST

DATE 3 / 1 / 59

No.	BATCH			INVOICE NUMBER	PURCHASE ORDER	CHECK NUMBER	PAYMENT DATE		Vendor Number	GROSS AMOUNT	DISCOUNT	Tax Class	Cost Element	TR. CODE	COST CENTER			Account	CHARGE DISTRIBUTION			NET AMOUNT
	Mo.	Day	Yr.				Mo.	Day							Maj.	Int.	Sub.		M.I.O.	S.O.	Work Order	
99	2	27	9	36		16161			3744				1	58	25	00	00	12501	3032	58		746
																						746 *
																						746

THE RAMO-WOOLDRIDGE CORPORATION  
FORM STL - 660

# ACCOUNTS PAYABLE

WEEKLY DIST

DATE

3 / 1/59

No.	BATCH			INVOICE NUMBER	PURCHASE ORDER	CHECK NUMBER	PAYMENT DATE		Vendor Number	GROSS AMOUNT	DISCOUNT	TR. CODE	COST CENTER			Account	CHARGE DISTRIBUTION		Work Order	NET AMOUNT
	Mo.	Day	Yr.				Mo.	Day					Mat.	Int.	Sub.		M.I.O.	S.O.		
5	2	24	9	60379	5225		3	3	29			50	25	00	00	12501	3032	60		2304
18	2	27	9	31977	3785		3	3	288			50	25	00	00	12501	3032	60		2175
99	2	27	9	136794	4700		3	6	2708			50	25	00	00	12501	3032	60		92685
				36		16161			3744			58	25	00	00	12501	3032	60		80
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Approved For Release 2001/08/15 : CIA-RDP64-00360R000600040153-3

[illegible]

DATE	3 / 1 / 59
STATION	

## ACCOUNTS PAYABLE

Approved For Release 2001/08/15 : CIA-RDP64-00360R000600040153-3

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THE RAMO, WOOLDRIDGE CORPORATION

ACCOUNTS PAYABLE

FORM STL-660

WEEKLY DIST

DATE

3 / 1/59

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No.	BATCH			INVOICE NUMBER	PURCHASE ORDER	CHECK NUMBER	PAYMENT DATE		Vendor Number	GROSS AMOUNT	DISCOUNT	Tax Class	Cost Element	TR. CODE	COST CENTER			CHARGE DISTRIBUTION			NET AMOUNT
	Mo.	Day	Yr.				Mo.	Day							Mej.	Int.	Sub.	Account	M.I.O.	S.O.	
6	2	25	9	12198	6369		3	3	47				1	50	25	00	00	12501	3093	65	2790
6	2	25	9	12305	7173		3	3	47				1	50	25	00	00	12501	3093	65	4396
7	2	25	9	H58306	6360		3	3	21				1	50	25	00	00	12501	3093	65	9576
9	2	25	9	12352	7176		3	6	47				1	50	25	00	00	12501	3093	65	6480
18	2	27	9	68575E	5239		3	6	250				1	50	25	00	00	12501	3093	65	163
18	2	27	9	70152E	5239		3	6	250				1	50	25	00	00	12501	3093	65	2608
18	2	27	9	DR00819	5239		3	6	250				1	50	25	00	00	12501	3093	65	163-
20	2	27	9	21784	6366		3	6	734				1	50	25	00	00	12501	3093	65	1995
99	2	27	9	36		16161			3744				1	58	25	00	00	12501	3093	65	313
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THE RAMO, WOOLDRIDGE CORPORATION  
FORM STL - 660

# ACCOUNTS PAYABLE WEEKLY DIST

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	Mo.	Day	Yr.				Mo.	Day							Maj.	Int.	Sub.	Account	M.I.O.	S.O.	
7	2	25	9	DM00870	5204		3	3	539				1	50	25	00	00	12501	3093	75	10240-
9	2	25	9	252250	4683		3	6	539				1	50	25	00	00	12501	3093	75	57500
																					47260 *
																					47260 **
																					148346 ***

DATE 3 / 1 / 59

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